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Correspondence

Letter to the Editor



To the Editor:

McLean et al.'s paper, "Incidence and Predictors of Neck and Widespread Pain after Motor Vehicle Collision among US Litigants and Nonlitigants" is an important and welcome contribution to our knowledge of the relation between trauma and pain [1]. However, we wish to raise several points that might be important. First, the definition of widespread pain (WP) used in this study is idiosyncratic, differing from all other published studies. The authors state, "Individuals reporting ≥ 7 bodily regions of pain were defined as having WP ... This cutoff was selected to be consistent with 2010 American College of Rheumatology criteria, which defines WP as ≥ 7 body regions of pain during the past week" [3]. The 2010 criteria, however, do not provide a definition of WP. The WP definition comes from the 1990 American College of Rheumatology criteria for fibromyalgia (FM): "pain is considered widespread when all of the following are present: pain in the left side of the body, pain in the right side of the body, pain above the waist, and pain below the waist. In addition, axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present. In this definition, shoulder and buttock pain is considered as pain for each involved side. 'Low back' pain is considered lower segment pain" [4]. This 1990 definition is mentioned in the 2010 American College of Rheumatology criteria publication.

The distinction between WP and ≥ 7 body regions of pain might be important in that it is possible to satisfy the ≥ 7 criterion without involving the lower body, since 11 of the 19 body areas are in the upper half of the body where pain and tenderness would be expected to be increased after whiplash (WL) injuries. Citing a similar issue with the 1990 criteria, Robinson et al. pointed out that "present criteria used in determining FM may result in spuriously inflated rates of diagnosis among WL patients because of persistent localized tenderness after an MVC [motor vehicle collision]" [2]. As the calculation of the widely endorsed 1990 definition of WP is simple to obtain from the authors' bodily regions data, we wonder if it would be possible for the authors to tell us in a 2×2 table the concordance of the ≥ 7 criterion with the WP criterion.

Finally, we would point out patients may continue to improve with respect to chronic WP and FM after the 6-week point; and Robinson et al. noted that "the transient nature of FM 'symptoms' [that they observed] among WL patients should be taken into account before making a final diagnosis" [2].

Conflict of interest statement

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Response to letter to the Editor



To the Editor:

We appreciate the expertise and thoughtful comments of Drs Wolfe and Rasker regarding the definition of widespread pain used in our article. Their point that the definition of widespread pain (WP) used in the article (modified from the 2010 American College of Rheumatology [ACR] definition) is unusual is a fair one. Table 1 displays differences in participant categorization using the 2 cutoffs. WP after motor vehicle collision (MVC) was in fact more common using the ACR 1990 criteria than the criteria originally used in our article: 179(21%) vs 153(18%). Among nonlitigants, ACR 1990 WP was present in 116(16%) of 710 individuals 6 weeks after MVC. As with other pain outcomes, the majority of ACR 1990 WP occurred in nonlitigants (116 of 179, 65%). Bivariate analyses using the ACR 1990 definition (Fig. 1) were consistent with patterns of association found using the modified 2010 ACR criteria reported (fig. 4 in article). Consistent with other pain and psychological sequelae of MVC, ACR 1990 WP decreased in incidence over time but persisted in a substantial subgroup: 62/668 (9%) of nonlitigants had ACR 1990 WP at 6 months and 65/681 (10%) had ACR 1990 WP at 1 year.